

CLAIMS ONLY

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
	1	/						51			
2		1				52					
3		2,1				53					
4		②,3				54					
5		①				55					
6		①				56					
7		①				57					
8		①				58					
9		①				59					
10		①				60					
11		①				61					
12		①				62					
13		①				63					
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15		①				65					
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42						92					
43						93					
44						94					
45						95					
46						96					
47						97					
48						98					
49						99					
50						100					
TOTAL IND.	1		↓								
TOTAL DEP.	16		↔		↔		↓				
TOTAL CLAIMS	17							↔		↔	

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS